

PTO/SB/05 (03-01)

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Approved for use through 10/31/2002. OMB 0851-0032

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Attorney Docket No.		713072.28 now 75470-027	First Inventor: von Dyck, et al.
AMENDMENT TRANSMITTAL LETTER Title: <u>Pad for Use with Continent Ostomy Port</u>		Serial No.	09/995,012
		Filing Date	11/26/2001
		Examiner	LEWIS, KIM M.
		Group Art Unit	3743

OFFICIAL**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment/response in the above-identified application.

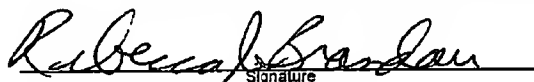
☐ Large Entity Status☒ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED - PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
	(Column 1)		(Column 2)	(Column 3)	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total (37 CFR 1.16(e))	*20	Minus **32	=0	x \$9.00=	\$ 0.00	x \$18.00=	\$ 0.00	
	Independent (37 CFR 1.16(b))	4*	Minus **5	=0	x \$43.00=	\$ 0.00	x \$86.00=	\$ 0.00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				x \$145.00=		x \$290.00=		
					TOTAL ADDIT. FEE	\$ 0.00	TOTAL ADDIT. FEE	\$ 0.00	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

☒ No additional fee is required for amendment.☐ A check in the amount of \$ is enclosed.☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 08-3460.☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460.
I have enclosed a duplicate copy of this sheet.☒ Any additional filing fees required under 37 C.F.R. 1.16.☒ Any patent application processing fees under 37 C.F.R. 1.17.


Signature

 Date: August 11, 2004

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CERTIFICATE OF FACSIMILE TRANSMITTAL UNDER 37 CFR 1.18I hereby certify that these documents are being transmitted via facsimile to the U.S. Patent and Trademark Office; fax number: 703-872-9306 on August 11, 2004.Signature: Wendy KromeType Name: Wendy Krome

1850296.01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Peter M. von Dyck, et al.	Group No.: 3743
Serial No.: 09/995,012	Atty. Docket No.: 713072.28 (now 75470-027)
Filed: 11/26/2001	
For: Pad for Use with Continent Ostomy Port	Examiner: LEWIS, KIM M.

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RESPONSE TO RESTRICTION REQUIREMENT

HONORABLE SIR:

Responsive to the official communication of July 13, 2004, Applicants submit the following Election, with traverse.

It is not believed that extensions of time are required beyond those, which may otherwise be provided for in documents accompanying this Amendment. However, in the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 08-3460.

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